	Application No. Applicant(s)		
Notice of Allowability	09/739,315	ENZMANN ET AL.	
	Examiner	Art Unit	
	Sheila B. Smith	2617	
	Stiella B. Stillut	2017	
The MAILING DATE of this communication ap All claims being allowable, PROSECUTION ON THE MERITS I herewith (or previously mailed), a Notice of Allowance (PTOL-8 NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT of the Office or upon petition by the applicant. See 37 CFR 1.3	S (OR REMAINS) CLOSED in 5) or other appropriate comm RIGHTS. This application is	n this application. If not included unication will be mailed in due cou	rse. THIS
1. $\boxtimes$ This communication is responsive to <u>amendment filed 4/</u>	<u>27/06</u> .		
2. X The allowed claim(s) is/are <u>1,3-9,13,17-29</u> .			
3. Acknowledgment is made of a claim for foreign priority	under 35 U.S.C. § 119(a)-(d)	or (f).	
a) ☐ All b) ☐ Some* c) ☐ None of the:			
<ol> <li>Certified copies of the priority documents ha</li> </ol>	ve been received.		
2.  Certified copies of the priority documents ha	ve been received in Application	on No	
<ol><li>Copies of the certified copies of the priority of</li></ol>	locuments have been receive	d in this national stage application	from the
International Bureau (PCT Rule 17.2(a)).			
* Certified copies not received:			
Applicant has THREE MONTHS FROM THE "MAILING DATE noted below. Failure to timely comply will result in ABANDON THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.  4. A SUBSTITUTE OATH OR DECLARATION must be sub	IMENT of this application. mitted. Note the attached EX	AMINER'S AMENDMENT or NOTI	
INFORMAL PATENT APPLICATION (PTO-152) which g		r declaration is deficient.	
5. CORRECTED DRAWINGS (as "replacement sheets") m		/ DTO 040) also also	
(a) ☐ including changes required by the Notice of Draftspe		w ( P10-948) attached	
1) hereto or 2) to Paper No./Mail Date		in the Office action of	
(b) including changes required by the attached Examine Paper No./Mail Date	r s Amendment / Comment of	in the Office action of	
Identifying indicia such as the application number (see 37 CFR each sheet. Replacement sheet(s) should be labeled as such in			ck) of
<ol> <li>DEPOSIT OF and/or INFORMATION about the department department regarding REQUIREMEN</li> </ol>			the
Attachment(s)	5 Distriction	Constant Date of Assiltant and OTO 45	-0.
1. Notice of References Cited (PTO-892)		formal Patent Application (PTO-15	02)
<ol> <li>Notice of Draftperson's Patent Drawing Review (PTO-948</li> </ol>	Paper No.	ummary (PTO-413), /Mail Date	
<ol> <li>Information Disclosure Statements (PTO-1449 or PTO/SE Paper No./Mail Date</li> </ol>		Amendment/Comment	
<ol> <li>Examiner's Comment Regarding Requirement for Deposit of Biological Material</li> </ol>	8. Examiner's	Statement of Reasons for Allowar	nce
	9.  Other	- Full	
		JOSEPH FEILD	
	SUPE	ERVISORY PATENT EXAMIN <b>E</b>	7